

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41730

State File No.

Registrar's No.

Registration District No. 254

Primary Registration District No. 4158

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Maysville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME HENRY Addie Beatty

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Geo. Beatty 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Jan. 15 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 9 If less than one day hr. min.

9. Birthplace Ashtley Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business S.E. Henry

12. Name Ashtley
13. Birthplace Ashtley Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name John Ruggs
15. Birthplace Nashville Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Guy H. Beatty
(b) Address Cameron
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-41
(Month) (Day) (Year)
(c) Place: burial or cremation Guelden Cam.
18. (a) Signature of funeral director Poland Funeral Home
(b) Address Cameron
19. (a) 11-23-41 (Date received local registrar) (b) Ethel H. Bowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb 32
(c) City or town Maysville
(If outside city or town limits, write "RURAL") 2
(d) Street No. 1 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24th
year 1941 hour 9:10 P. minute M.

21. I hereby certify that I attended the deceased from Sept 2 1939 to Nov 24 1941
that I last saw her alive on Nov 24 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration

Due to Coronary Sclerosis 2 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (Means of injury)

23. Signature Dr. R. R. Reynolds (M.D. or other) do.
Address Maysville Date signed 11/25/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Herald F. Wade

Licensed Embalmer No. *4192*

P. O. Address.....

Cameron Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.